

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that: my residence, post office address and country of citizenship are as stated below, next to my name; I believe I am the original, first, and sole inventor (if only one name is listed below) or an original, first, and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

METHOD AND DEVICE FOR THE UNIFORM BONDING OF A NONWOVEN
the specification of which

is attached hereto.

was filed on _____ as

United States Application Number _____
or PCT International Application Number PCT/EP03/050861
and was amended on _____
(if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claim(s), as amended by any amendment referred to above. I acknowledge the duty to disclose all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119(a)-(d), of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

<u>Prior Foreign Application(s)</u>	<u>Priority Claimed</u>		
102 55 505.2 (Number)	Germany (Country)	27 Nov. 2002 (Day/Month/Year Filed)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
103 16 746.3 (Number)	Germany (Country)	10 Apr. 2003 (Day/Month/Year Filed)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

I hereby claim the benefit under title 35, United States Code, Section 119(e) of any United States provisional application(s) listed below

<u>(Application Number)</u>	<u>Filing Date</u>
_____	_____
_____	_____

I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, Section 112, I acknowledge the duty to disclose all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

<u>(Application Number)</u>	<u>Filing Date</u>	<u>(Status -- patented, pending, abandoned)</u>
_____	_____	_____
_____	_____	_____

BEST AVAILABLE COPY

Power of Attorney: I hereby appoint the practitioners associated with Customer Number 020457 with full power of substitution and revocation, to prosecute this application and to transact all business in the U.S. Patent and Trademark Office connected herewith.

Send all correspondence to:

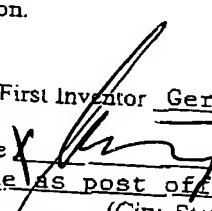
CUSTOMER NUMBER: 020457
ANTONELLI, TERRY, STOUT & KRAUS, LLP
1300 North Seventeenth Street
Suite 1800
Arlington, VA 22209

Direct all telephone calls and faxes to:

TEL: (703) 312-6600
FAX: (703) 312-6666

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1-00
Full Name of Sole/First Inventor Gerold FLEISSNER

Inventor's Signature 
Residence same as post office address Date _____
Post Office Address Bahnhofstr. 2, CH-6300 Zug, Switzerland (Country) CH

Full Name of Second/Joint Inventor _____

Inventor's Signature _____
Residence _____ Date _____
Post Office Address (City, State) _____ Citizenship _____ (Country) _____

Full Name of Third/Joint Inventor _____

Inventor's Signature _____
Residence _____ Date _____
Post Office Address (City, State) _____ Citizenship _____ (Country) _____

Full Name of Fourth/Joint Inventor _____

Inventor's Signature _____
Residence _____ Date _____
Post Office Address (City, State) _____ Citizenship _____ (Country) _____

BEST AVAILABLE COPY